MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 1003. Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Мо b. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN ST. LOUIS, MO. St. Louis TOWN Yes Edr No □ c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm DATE INSTITUTION ST. LOUIS CITY HOSP. 2419 Bacon Ave Yes 🗌 No 🔂 Yes T No T 4. DATE 3. NAME OF DECEASED First Middle Day Last (Type or print) CHARLES DEATH OWENS 9. AGE (last birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. Married X Never Married | B. DATE OF BIRTH Months Days Hours Widowed □ Divorced 📋 10/12/1889 Male Negro 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY **₩**0110-Macon Mississippi U.S. A 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Jim Owens Queen Esther Owens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S ď (Yes, no or unknown) (If yes, give war or dates of serv Queen Esther Owens 2419 Bacon 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ⋖ ONSET AND DEATH DOCUME Broncho DNEWHONLA IMMEDIATE CAUSE (a) NSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Unknown AMENDMEN SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES 📋 NO 😿 Month, Day, Year 20c. TIME OF Houl INJURY e.m. n.m. COUNTY

10 11 RIBBON USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK **TYPEWRITER** _and last saw her alive on 12-21-63 21. I attended the deceased from 12-10-63 12-24-63 REA _m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22b. ADDRESS 22c. DATE SIGNED 9 22a SIGNATURE 1515 LAFAYETTE AVE. 12-2L-63 AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, 23b, DATE Š. REMOVAL (Specify) St. Louis County Greenwood Cemetery | 26. REGISTRAR'S SIGNATURE Dec 30,1963 ¥ 221 N. Grand Blvd. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby	certify that the body whose	name is rec	orded on the	e reverse side of this certificate was embalmed by me,
or by	· ,	·		, Student Embalmer No
working under m	y personal supervision.	• • • • • • • • • • • • • • • • • • • •		
Student			Signed	Oliver Orumble
	Signature of Student Embalmer		-	
	r. 1	,.		Licensed Embalmer No. 5/65
. .		_ •		P. O. Address (221 N Grandova

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.